

*Squires*

1. Mr. Huston  
Dr. Didbury  
2. Mr. Morley Parry  
3. Mr. Perry

B.M.S.  
G.407  
A.419 A21  
A.405



## BOROUGH OF BRIDLINGTON

# ANNUAL REPORT

of the

Medical Officer of Health

for the Year 1967

including

# ANNUAL REPORT

of the

Chief Public Health Inspector

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## **HEALTH COMMITTEE**

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**Chairman:**

Alderman F. G. WEBB

**Members:**

Councillor J. R. BROWN

Councillor S. PEARSON

Councillor W. M. BROWN

(Deputy Chairman)

Councillor Mrs. DISMORE

Councillor D. A. PHILLIPS

Councillor Miss B. SLACK

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**Town Clerk:**

S. BRIGGS, LL.B.

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## **PUBLIC HEALTH STAFF**

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Medical Officer of Health, Port Medical Officer, Divisional Medical Officer  
(East Riding County Council):

R. SCHOFIELD, M.D., D.C.H., D.P.H.

Chief Public Health Inspector and Director of Public Cleansing  
W. E. FEATHERSTONE, D.M.A., M.A.P.H.I.

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Deputy Chief Public Health Inspector:

J. B. SIDEBOTTOM, M.A.P.H.I.

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Additional Public Health Inspectors:

C. JACKSON, M.A.P.H.I., A.R.S.H., R.S.H.

T. C. L. MILLS, M.A.P.H.I., M.R.S.H.

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Student Public Health Inspector:

PAUL S. ROBSON

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Clerks, Public Health Department:

(Chief) P. H. WOOD, Misses P. BROWN, E. UNDERWOOD and  
M. A. WARDILL

Health Office,  
Oxford Street,  
Bridlington.  
August, 1968.

To the Mayor, Aldermen and Councillors  
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for the year 1967.

### Vital Statistics

The Registrar General's figures for the year indicate a mid-year population of 26,370, the same as last year.

During the year there were 340 live births and 468 deaths compared with 354 births and 491 deaths in 1966. The adjusted birth rate for the Borough of 15.99 compares with the national birth rate of 17.2 per thousand population. The adjusted death rate of 11.33 compares with the national death rate of 11.2 per thousand population. The very high crude death rate in Bridlington (17.7 per 1,000) is due entirely to the high proportion of old people in the population.

The causes of death followed the expected pattern, with diseases of the heart and circulatory system predominating, followed by Cancer. Cancer of the lung and bronchus remains the most common cancer. One hundred and twenty nine deaths, more than a quarter of the total, were due to two diseases known to be associated with cigarette smoking—lung cancer and coronary disease.

There were seven deaths of infants under one year of age, compared with six in 1966.

Measles was prevalent during the early months of the year. It was generally of a mild form and there were no deaths.

### Housing

Progress continued with the Council's Slum Clearance Programme, and it was expected that the end of the existing programme would be reached during 1968. The four Kirkgate Clearance Areas were finally confirmed by the Minister of Housing and Local Government in October, one year after representation. Three properties were excluded from the Orders as being of historical and architectural interest, even though the Minister agreed they were unfit for human habitation. The owner is now faced with very considerable repair costs in order to bring the buildings up to standard.

The Jewison Lane (No. 1) Clearance Order was not confirmed. The Minister, on the advice of his Inspector, came to the extraordinary conclusion that, of four identical houses, two were fit and two unfit. The only difference between the properties was that the two "fit" ones were in better internal decorative condition than the others. The structural condition was identical. The Minister seems to have ignored his own Circular 69/67 which instructed Local Authorities, in determining the fitness of a house, to consider only the structural state and to disregard decorative condition.

This raises an additional point. At every Public Inquiry on slum clearance proposals, owners of unfit properties come forward with promises to carry out the necessary repairs and claim they have not been given the opportunity to do so. Often the owner has made little or no attempt to maintain the property for many years—ample opportunity to

carry out repairs if he had wished to do so. He only becomes interested when he sees the possibility of losing a capital asset. Having made his promises at the Inquiry, he is then able to forget them, knowing that it is very difficult, almost impossible, in fact, for the Local Authority to compel him to carry out the work. The only way is to represent the house as unfit a second time under a different section of the Housing Act, 1957. Even then progress can be very slow indeed, and the second proceedings immediately provoke accusations of victimisation. A simple solution in future legislation would be a suspended clearance order, under which the owner would have a specified period in which to fulfil his promises, failing which the clearance order would become operative.

Slum clearance compensation has always been a controversial question. The law is considered by many to be unfair, as an unfit house is regarded as having no value (with certain exceptions). At the end of the year, there were signs that new legislation would be introduced in 1968 to increase the amount of compensation payable to the owners of unfit properties.

### **Food Hygiene**

The number of inspections of food premises during the year was higher than in 1966 (2,137 compared to 1,604) but was still far too low in relation to the number of food premises in the Borough. This was entirely due to a shortage of Public Health Inspectors. The number of Inspectors employed is determined by the population of the area. However, a holiday resort such as Bridlington has far more food premises (including shops, hotels and boarding houses, restaurants and snack bars) than an inland town of similar size. The number of Inspectors required to supervise these is correspondingly greater. The importance of proper supervision cannot be over-emphasised. Quite apart from the distress caused to those involved, an outbreak of food poisoning could be disastrous to the image of Bridlington as a pleasant holiday resort.

The Council accepted these points during the year, and it was expected that an additional Public Health Inspector would join the staff early in 1968. Closer supervision of food premises (and of flats and offices) will be possible next year.

### **Clean Air**

The relationship between atmospheric pollution and chest diseases, particularly bronchitis, is now well established. Countries with high levels of air pollution have high bronchitis rates. Within each country, bronchitis is most common in areas of greatest atmospheric pollution.

Great Britain has the unenviable distinction of heading the World League Table of bronchitis deaths, with a rate nearly double that of the second country (Czechoslovakia) and nearly thirty times that of the United States of America. In 1966 more than 32,000 persons died as a result of bronchitis in Great Britain. This is 5.7% of all deaths, compared with 20.1% due to coronary artery disease and a mere 1.3% due to road accidents. The causes of death in Bridlington show a similar distribution, bearing in mind that with small numbers considerable fluctuations occur from year to year, and a true picture is only given by the average figures for a period of five to ten years.

But mortality is only a small part of the story. Bronchitis kills its victims slowly and painfully over a period of many years. Increasing incapacity causes increasing absence from work, finally total incapacity and death. Bronchitis is now the leading cause of sickness absence from work

in this country. Every year over 39 million working days are lost to industry due to bronchitis—13.6% of the total sickness absence. It is with good reason that bronchitis is referred to on the continent of Europe as "the English disease".

The amount of smoke in the atmosphere varies widely throughout the year. In general, levels are higher in winter than in summer, and there is considerable fluctuation from day to day depending on weather conditions. In Bridlington, most of the pollution comes from domestic chimneys.

In a number of surveys, daily records have been made of smoke concentration, and deaths and hospital admissions due to bronchitis and pneumonia. The most detailed of these was in the Greater London Smog in the Winter of 1962/63. It has been found that deaths and hospital admissions closely parallel atmospheric pollution. A rise in pollution, as on a foggy day, is followed in a day or two by a rise in deaths and hospital admissions. In other words, not only does atmospheric pollution cause bronchitis, but it incapacitates or kills the established bronchitic. In Bridlington we are dealing with a small population and a small number of deaths, 17 in 1967. However, even with these statistical limitations, the same trend is apparent.

It might be argued that Bridlington is not an industrial or "black" area, and therefore there is no smoke problem. During the winter of 1962/63 smoke pollution levels in Greater London fluctuated between about 100 and 400 ugm/cu. metre, with occasional peaks to 800—2,000 on very foggy days. During the winter of 1965/66 in Bridlington for 150 days average smoke pollution levels never fell below 100 ugm/cu. metre and on numerous days the figure exceeded 350, and occasionally 400 ugm/cu. metre. A level exceeding 100 ugm/cu. metre for a substantial period is considered to be a danger to health.

The figures for other winters are similar, those for 1966/67 being rather worse. The tendency to change to central heating and gas and electric fires which we are told exists in the town has been too slight to have any noticeable effect on atmospheric pollution.

Atmospheric pollution exists to a serious extent in Bridlington and steps should be taken to deal with it. The Chief Public Health Inspector in his report deals more fully with methods of smoke control, and during 1968 the Council will be asked to accept a phased programme for the introduction of clean air zones.

### Miscellaneous

Water continued to be supplied by the East Yorkshire (Wolds Area) Water Board and was satisfactory in quality and quantity.

Sewage disposal continued as in previous years. The problem of crude sewage contaminating the beach under certain (fortunately uncommon) combinations of tide and weather conditions remains. This is a matter which should receive urgent attention. Any remedy will be expensive, but the value of a clean beach to a holiday resort is incalculable.

In presenting this report I would like to express my thanks to the Staff of my Department for their work during the year, and to the Chairman and Members of the Health Committee for their constant interest and support.

I am,

Yours faithfully,

R. SCHOFIELD,  
Medical Officer of Health.

## STATISTICS

### GENERAL

Area in acres.....	5,701
Population: 1967 Registrar General .....	26,370
Rateable value at 31st March, 1967.....	£1,043,488
Sum represented by a penny rate.....	£4,077
Estimated number of inhabited houses .....	10,027

### VITAL

#### Live Births

Number .....	340
Crude birth rate .....	12.9
Adjusted birth rate: Comparability factor R.G. 1.24 .....	15.99
Illegitimate live births (per cent of total live births) .....	10.58

#### Still Births

Number .....	7
Rate per 1,000 total live and still births .....	20.17

Total live and still births .....	347
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Infant deaths (deaths under 1 year) .....	7
---	---

Infant Mortality Rates	
------------------------	--

Total infant deaths per 1,000 total live births .....	20.58
Legitimate infant deaths per 1,000 legitimate live births ..	16.44

Illegitimate infant deaths per 1,000 illegitimate live births ..	55.55
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Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births).....	11.76
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Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) .....	8.82
---	------

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births).....	28.81
--	-------

Maternal Mortality (including abortion)	
---	--

Number of deaths .....	—
Rate per 1,000 total live and still births .....	—

Deaths	
--------	--

Number .....	468
Crude death rate .....	17.7

Adjusted death rate: Comparability factor R.G. 0.64 .....	11.33
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Deaths from Pulmonary Tuberculosis .....	—
--	---

Rate per 1,000 population .....	—
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Deaths from other forms of Tuberculosis .....	—
---	---

Rate per 1,000 population .....	—
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Deaths from Respiratory Disease .....	39
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Rate per 1,000 population .....	1.48
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Deaths from Heart Disease .....	192
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Rate per 1,000 population .....	7.28
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Deaths from Cancer .....	76
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Rate per 1,000 population .....	2.88
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### PROVISIONAL STATISTICS—ENGLAND AND WALES

#### Births

Live Births.....	17.2 per 1,000 population
Still Births .....	14.8 per 1,000 total live and still births

#### Deaths

Death Rate .....	11.2 per 1,000 home population
Infant Mortality .....	18.3 per 1,000 live births

## BIRTHS AND DEATHS

### Births, Deaths and Population during last 20 years

Year	No. of Births	No. of Deaths	Population
1948	396	339	24,810
1949	354	351	24,140
1950	331	383	24,340
1951	324	424	24,750
1952	325	362	24,310
1953	317	354	24,390
1954	312	420	24,470
1955	247	401	24,520
1956	298	414	24,590
1957	278	420	24,780
1958	263	433	24,960
1959	324	432	24,970
1960	371	437	25,500
1961	384	495	25,590
1962	393	437	25,730
1963	375	464	26,000
1964	373	495	26,250
1965	361	496	26,250
1966	354	491	26,370
1967	340	468	26,370

### CAUSES OF DEATH IN BRIDLINGTON M.B., 1967 (R.G.)

	Males	Females
All causes .....	257	211
Syphilitic Disease .....	—	1
Cancer, Stomach .....	6	3
Cancer, Lung, Bronchus .....	12	4
Cancer, Breast.....	—	6
Cancer, Uterus .....	—	4
Cancer, other sites .....	18	20
Leukaemia, Aleukaemia .....	2	1
Diabetes .....	3	1
Vascular Lesions of Nervous System .....	31	42
Coronary Disease, Angina.....	74	39
Hypertension with Heart Disease .....	—	3
Other Heart Disease .....	39	37
Other Circulatory Disease .....	8	9
Pneumonia .....	7	13
Bronchitis.....	16	1
Other Diseases of Respiratory System .....	1	1
Ulcer of Stomach and Duodenum .....	2	3
Gastritis, Enteritis and Diarrhoea .....	2	1
Nephritis and Nephrosis .....	—	1
Hyperplasia of Prostate .....	4	—
Congenital Malformations .....	1	1
Other defined and ill-defined Diseases .....	20	14
Motor Vehicle Accidents .....	4	1
All other accidents .....	6	3
Suicide .....	—	1
Homicide and Operations of War .....	1	1

### AGE AND SEX DISTRIBUTION OF DEATHS—1967

	Males	Females	Total
Under 1 year .....	4	3	7
1-4 years .....	1	1	2
5-14 years .....	1	—	1
15-24 years .....	1	1	2
25-34 years .....	—	1	1
35-44 years .....	1	1	2
45-54 years .....	16	7	23
55-64 years .....	37	27	64
65-74 years .....	78	66	144
75 and over .....	118	104	222
	—	—	—
	257	211	468
	—	—	—

### INFANTILE DEATHS

#### Cause of Death

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total deaths under one year
	—	—	—	—	—	—	—	—	—	—
Congenital Malformations .....	—	—	1	—	1	—	—	—	—	1
Pneumonia .....	—	—	—	—	—	2	1	—	—	3
Other Defined and ill-defined Diseases	3	—	—	—	3	—	—	—	—	3

### INFANT MORTALITY RATE 1957—1967

Year	Number of Deaths	Rate per 1,000
1957	6	21.6
1958	4	15.2
1959	5	15.4
1960	7	18.9
1961	14	34.5
1962	9	22.9
1963	7	18.67
1964	12	32.17
1965	7	19.39
1966	6	16.95
1967	7	20.58

## INFECTIOUS DISEASES

### INFECTIOUS DISEASES NOTIFIED DURING 1967

NOTIFIABLE DISEASES	Under 1 year	1 to 4 years	5 to 14 years	15 to 24 years	25 to 44 years	45 to 64 years	Over 65 years	Age unknown	Total Deaths
	—	—	—	2	—	—	—	—	—
Dysentery .....	—	—	—	2	—	—	—	—	—
Measles .....	7	87	80	—	—	—	—	—	—
Food Poisoning .....	—	—	—	1	—	—	—	—	—
Whooping Cough .....	—	—	3	—	—	—	—	—	—

### INFECTIOUS DISEASES NOTIFIED 1957—1967

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Dysentery	7	—	2	—	—	1	—	—	1	—	2
Erysipelas	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	3	—	—	—	—	—	—
Measles	241	59	290	9	377	7	283	21	174	34	174
Meningococcal Infection	—	—	—	—	—	1	—	—	—	—	—
Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	31	20	6	7	4	—	—	—	—	—	—
Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	9	6	26	9	8	—	—	—	2	2	—
Whooping Cough	56	3	7	14	2	—	3	5	—	—	3

### TUBERCULOSIS

The Register of Tuberculosis for the year is as follows:

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Number of cases on the Register at 31st December, 1966 .....	105	67	5	9	186
Added to the Register:					
(a) Cases notified for the first time during the year .....	—	1	—	—	1
(b) Un-notified cases brought to notice otherwise than by formal notifications .....	—	—	—	—	—
(c) Inward transfers .....	2	—	—	—	2
Removed from the Register on account of death, change of address, etc .....	—	—	—	—	—
Number of cases on the Register at 31st December, 1967 .....	107	68	5	9	189

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

### **HOSPITAL SERVICES**

The hospitals in the town are under the Scarborough, Bridlington and Whitby Group of the Leeds Regional Hospital Board and are as follows—

#### **Avenue Hospital**

This hospital has 21 maternity, 17 acute medical, 10 post operative, 10 geriatric beds and 8 special care baby cots. During the year there were 591 live births. 6 chronic, 205 medical and 204 surgical patients were admitted.

Ante and post natal clinics are also held at this hospital.

#### **Lloyd Hospital**

This is a small general hospital, and a summary of the work carried out during the year is as follows:—

Total admissions, 1,492. Out-patients Clinics, 3,631 new patients with 10,556 attendances. X-ray Department, 4,836 attendances. Physiotherapy Department, 850 new patients with 12,426 attendances. Accident and Emergency, 8,266 new patients with 19,428 attendances. Operations, 1,429.

#### **Bempton Lane**

This hospital has 72 geriatric beds, and during the year 82 patients were admitted.

#### **Miniature Mass Radiography**

The Miniature Mass Radiography Unit of the Leeds Regional Hospital Board visited the Borough in April and held public and private sessions. A total of 2,209 persons were examined, compared with 1,386 in 1966.

### **NURSING HOMES**

There are two Nursing Homes on the Borough Register.

### **NATIONAL ASSISTANCE ACT, 1948**

#### **Part III Accommodation**

Accommodation is provided by the County Council at Burlington House and Danes Lea. These two homes together have beds for 114 elderly persons.

#### **Section 47**

Proceedings under this section were taken on one occasion during the year.

### **LOCAL HEALTH AUTHORITY SERVICES—**

### **NATIONAL HEALTH SERVICE ACT, 1946**

The following services are provided in the Borough by the East Riding County Council as the Local Health Authority:

#### **Infant Welfare Clinics**

Two Infant Welfare Clinics are held in the Borough, one at the County Council's Oxford Street premises and the other in the Church Centre, West Hill. The Oxford Street Clinic is held every Monday and Thursday afternoons, and the West Hill Clinic on the first Wednesday afternoon in each month.

Attendances at the Oxford Street Clinic during the year were as follows:

By infants under 1 year of age .....	2,552
By children 1 to 5 years .....	594

Attendances at the West Hill Clinic were as follows:

By infants under 1 year of age .....	49
By children 1 to 5 years .....	26

### **Domiciliary Midwifery Service**

During the year the three Nurse/Midwives residing in the Borough attended 6 domiciliary births.

### **Health Visiting**

Four Health Visitors work in the Bridlington area from the Divisional Health Office, Oxford Street (telephone number 5381).

### **Home Nursing Service**

This service is run in conjunction with the Domiciliary Midwifery Service and six Nurses (three of whom are also Midwives) reside and work in the Borough.

### **Ambulance Service**

The County Council's Ambulance Station is situated in St. John Street (telephone number 2421).

### **Domestic Help**

Home Help service which is rendered in the Borough is administered at County Hall, Beverley and all applications for the service are dealt with by the Home Help Organiser (telephone number 0482 881281.)

### **Mental Health Service**

Due to insufficient attendance it was decided to discontinue the weekly meeting of the social club. The last meeting took place in July, 1967.

## **LOCAL EDUCATION AUTHORITY—**

### **SCHOOL HEALTH SERVICES**

Routine medical inspections are carried out of all children attending Local Education Authority schools in the Borough. In addition the following facilities are provided at the County Council's Oxford Street premises:

Minor Ailment Clinic .....	Daily 9 a.m. to 9.30 a.m.
Dental Clinic.....	Daily by appointment.
Speech Therapy .....	Towards the end of September a weekly session commenced at the above clinic.

## **OTHER LOCAL AUTHORITY SERVICES**

### **Buckrose Health Division Co-ordinating Committee**

Once every two or three months a Co-ordinating Committee, under the aegis of the County Council, meets in Bridlington to co-ordinate the work of Officers in the District who are concerned with the welfare of children. The primary objects of the Committee are the prevention of cruelty to children in their own homes and the prevention of break-up of families.

On the Committee are representatives of the County Children's Department, the County Health Department, the School Welfare Department, the County Welfare Department, the Housing Managers of the District Councils, the National Assistance Board, the National Society for the Prevention of Cruelty to Children, the Women's Royal Voluntary Service' Probation Officers and a Marriage Guidance Counsellor. Representatives of other organisations are co-opted from time to time as the need arises. Your Medical Officer of Health in his capacity as Divisional Medical Officer takes the chair of the Committee.

## **PUBLIC HEALTH LABORATORY SERVICE**

Specimens for bacteriological examination are sent to the Public Health Laboratory of the Medical Research Council at Hull.

## **VOLUNTARY ORGANISATIONS**

### **British Red Cross**

The British Red Cross Society, acting as agents for the County Council, provide a service for the loan of nursing requisites which may be needed

for temporary periods for sick persons being nursed in their own homes. In Bridlington the Depot for these requisites is under the control of Miss Rowe, Divisional Headquarters, 33 South Back Lane.

**Women's Royal Voluntary Service**

The W.R.V.S. provide numerous services in the Borough, which includes:

Meals on wheels

Good neighbour services

Darby and Joan Clubs

Trolley shop at Avenue Hospital and Burlington House

Assistance with renewal of batteries for deaf aids

Clothing in cases of need or emergency

Canteen Service at Lloyd Hospital for out-patients

**Family Planning Association**

The Family Planning Association hold a clinic each Wednesday from 7 p.m. to 8 p.m. at the Oxford Street premises.

**Cervical Cytology**

East Riding County Council hold a cervical cytology session at the Oxford Street Clinic, when required.

**National Society for the Prevention of Cruelty to Children**

Bridlington lies within the North East Yorkshire Branch of the National Society for the Prevention of Cruelty to Children and cases requiring the services of the Society are visited by Inspector White working from Scarborough. Inspector White's work is much appreciated by those of us in Bridlington concerned with child welfare.

## **ANNUAL REPORT OF PORT HEALTH AUTHORITY FOR 1967**

The Port of Bridlington is not a Food Importing Port, nor is there any Passenger Traffic.

### **SECTION I—STAFF**

#### **TABLE A**

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
J. H. Maughan	Medical Officer of Health	1.4.58. until 19.5.67.	M.B. B.S. D.P.H.	Divisional Medical Officer and Divisional School Medical Officer, East Riding County Council
R. Schofield	Medical Officer of Health	1.7.67.	M.D. D.C.H. D.P.H.	Divisional Medical Officer and Divisional School Medical Officer, East Riding County Council

Address and telephone number of } Health Office, Oxford Street,  
the Medical Officer of Health } Bridlington. Telephone No. 5381.

**SECTION II**  
**AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING  
 THE YEAR**

**TABLE B**

Ships from	Number	Net Tonnage	Number Inspected		Number of ships reported as having or having had dur- ing the voyage in- fectious diseases on board
			By the M.O.H.	By P.H. Inspector	
Foreign Ports.....	22	3,883	—	—	—
Coastwise .....	—	—	—	—	—
Foreign Fishing Craft (mainly for shelter) .....	—	—	—	—	—
Total .....	22	3,883	—	—	—

**SECTION III**  
**CHARACTER OF SHIPPING AND TRADE DURING THE YEAR**

**TABLE C**

Passenger Traffic .....	Number of passengers INWARDS .....	Nil
	Number of passengers OUTWARDS .....	Nil
Cargo Traffic .....	Principal IMPORTS .....	Potash

Principal Ports from  
which ships arrive... Wismar and Hamburg

**SECTION IV**  
**INLAND BARGE TRAFFIC**

Numbers and tonnage using the district and places served by the traffic.....Nil

**SECTION V**  
**WATER SUPPLY**

(1) Source of supply for (a) the district, and (b) shipping.....	Town
(2) Reports of tests for contamination.....	None taken
(3) Precautions taken against contamination by hydrants and hosepipes	Satisfactory
(4) Number and sanitary condition of water boats, and powers of control by the Authority.....	Nil

**SECTION VI**  
**PUBLIC HEALTH (SHIPS) REGULATIONS 1952**

**(1) List of Infected Areas (Regulation 6)**

Arrangements for the preparation and amendment of  
the list, the form of the list, the persons to whom it is  
supplied, and the procedure of supplying it to those  
persons.....Nil

**(2) Radio Messages**

(a) Arrangements for sending permission by radio for  
ships to enter the district (Regulation 13).....Through Humber Radio and  
normal telephone (link).

(b) Arrangements for receiving messages by radio  
from ships and for acting thereon (Regulation 14(1)  
(2)).....Via Harbour Master

**(3) Notifications otherwise than by Radio (Regulations 14(1) (b).)**

Arrangements for receiving notifications otherwise  
than by radio and for acting thereon.....Via Harbour Master

**(4) Mooring Stations (Regulations 22 to 30)**

Situation of stations, and any standing directions issued  
under these Regulations.....Under directions of Harbour  
Master

**(5) Arrangements for:**

(a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII).....	Provided by Leeds Regional Hospital Board
(b) Surveillance and follow-up of contacts.....	Medical Officer of Health
(c) Cleansing and disinfection of ships, persons, clothing and other articles.....	Health Department

## SECTION VII SMALLPOX

(1) Name of Isolation Hospital to which smallpox cases are sent from this district..... Castle Hill Infectious Diseases Hospital, Cottingham.

(2) Arrangements for transport of such cases to that hospital by ambulance giving the name of the Authority responsible for the ambulance and the vaccinal state of ambulance crews..... East Riding County Council Vaccinal state satisfactory

(3) Name of smallpox consultant available..... Dr. S. Jamieson,  
Castle Hill Hospital, Cott  
ingham, and Dr. A. Hutchison,  
Guildhall, Kingston-upon-Hull

(4) Facilities for laboratory diagnosis of smallpox..... In accordance with Part III of the Ministry of Health Scottish Home and Health Department Medical Memorandum on the diagnosis of smallpox

## SECTION VIII VENEREAL DISEASES

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen .....

Mill Street Clinic, Health Department, Kingston-upon-Hull 10 a.m. to 12 noon Monday to Friday, 5 p.m. to 6 p.m. Monday, Tuesday, Thursday and Friday and 5 p.m. to 7 p.m. Wednesday.

St. Mary's Hospital, Scarborough 3.30 p.m. to 6 p.m. Tuesday.

## SECTION IX CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year Passengers	Number of ships concerned
Cases landed from ships from foreign ports .....	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival.....	—	—	—
Cases landed from other ships.....	—	—	—

A short account should be given of the measures taken on arrival by ship of:-

(a) Any cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever included in Table D There were no such cases.  
(b) Any suspected case of any such disease..... No suspected cases.

## SECTION X OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases notified.

## SECTION XI MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No infected or suspected ships arrived.

**SECTION XII**  
**MEASURES TAKEN AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS**

(1) Procedure for inspection of ships for rats.....	By Public Health Inspector
(2) Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year.....	Specimens submitted to Public Health Laboratory Service, Kingston-upon-Hull Nil rats examined.
(3) Arrangements in the district for de-ratting ships, the methods used, and if done by a commercial contractor, the name of the contractor.....	Poisons—Trapping by Local Authority Rodent Operative
(4) Progress in the rat-proofing of ships.....	Nil

**TABLE E**  
**RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM FOREIGN PORTS**

Category	Number
Black rats	Nil
Brown rats	Nil
Species not known	Nil
Sent for examination	Nil
Infected with plague	Nil

**TABLE F**  
**DE-RATTING CERTIFICATES AND DE-RATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS**

After fumigation with	No. of De-ratting Certificates issued			No. of De-ratting Exemption Certificates issued	Total Certificates issued
	After Trapping	After Poisoning	Total		
Nil	—	—	—	—	—

**SECTION XIII**  
**INSPECTION OF SHIPS FOR NUISANCES**

**TABLE G**  
**INSPECTIONS AND NOTICES**

Nature	Inspections			Result of serving Notices
	No.	Statutory Notices	Other Notices	
Nil	—	—	—	—

**SECTION XIV**  
**PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 & 1948**

Information respecting any shell-fish beds or layings within the jurisdiction of the Authority stating whether they are, in the opinion of the Medical Officer of Health, liable to pollution. A report of any action taken, which should state whether any prohibited area has been prescribed, should be included ..... No shell-fish layings

**SECTION XV**  
**MEDICAL INSPECTION OF ALIENS (APPLICABLE ONLY TO PORTS APPROVED FOR THE LANDING OF ALIENS)**

Not applicable.

**SECTION XVI**  
**MISCELLANEOUS**

Arrangements for the burial on shore of persons who have died on board ship from infectious disease ..... By Parks and Gardens Department on behalf of the Bridlington Borough Council.

**ANNUAL REPORT OF CHIEF PUBLIC HEALTH  
INSPECTOR AND DIRECTOR OF PUBLIC CLEANSING  
FOR THE YEAR 1967**

Health Department,  
Town Hall,  
Bridlington.

To the Mayor, Aldermen and Councillors  
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1967 the body of which gives a good indication of the ever increasing work load which is placed upon us by the advent of new legislation.

The statistical aspect of the report serves as an endorsement to the Health Committee's decision to appoint a further Public Health Inspector in that it shows that there are many fields where we are operating on a limited scale which is a most undesirable situation. I feel sure that the decision to increase the establishment will prove a wise one as future reports will no doubt indicate by the increased number of general inspections carried out at all types of premises.

The past year has been a very full one if only because the Committee have been confronted with more reports and new propositions than for a long time. This I take full responsibility for as I feel the fruits of our labour will more than compensate for the efforts made. Progress and efficiency is only synonymous with those local authorities which have the foresight to recognise true benefits which can arise through diligent forward planning and who have the courage to implement as well as formulate such policies. Failure to plan for the future and the tendency to sit back and accept the status quo is a symptom only too familiar with our present day society, a condition which can only result in a lowering of accepted standards if not checked.

Despite many difficulties the Committee have not hesitated to launch out into new fields and introduce new projects and for this support I wish to thank the Chairman and each member of the Health Committee. I would also like to record my appreciation for the help which has always been readily given by all Chief Officers.

I am,

Yours faithfully,

**W. E. FEATHERSTONE.**

Chief Public Health Inspector  
and Director of Public Cleansing

## PUBLIC HEALTH INSPECTIONS

### INSPECTIONS CARRIED OUT BY PUBLIC HEALTH INSPECTORS

#### NUMBER OF INSPECTIONS FOR ALL PURPOSES

Environmental Health	2,785
Housing inspections	993
Food inspections	2,137
Shops Act inspections (Closing hours, etc.)	5
Factory inspections	61
Offices, Shops and Railway Premises Act inspections	92
Miscellaneous visits	479
	6,552

#### NOTICES SERVED

Preliminary Notices served	114
Preliminary Notices complied with	70
Statutory Notices served	4
Statutory Notices complied with	4

#### SUMMARY OF PUBLIC HEALTH INSPECTIONS

Animal Boarding Establishments	1
Camping Grounds	221
Common Lodging Houses	4
Dangerous Buildings	6
Ditches and Watercourses	67
Drains and Sewers	328
Dustbins	197
Dwelling Houses	211
Dwelling Houses Re-inspections	115
Hairdressers	2
Keeping of Animals	13
Knackers Yard	10
Miscellaneous Visits	757
Moveable Dwellings	33
Noise Nuisance	21
Offensive Accumulations	77
Offensive Smells	27
Offensive Trades	2
Pet Animals Act	7
Piggeries	6
Refuse Collection	200
Refuse Disposal	119
Riding Establishments Act	10
Rodent Control	31
Schools	30
Scrap Metal Dealer	3
Ships	2
Street Cleansing	207
Verminous Premises and Disinfestation	65
Water Supply	2
Yards and Passages	11
	2,785

## DRAINAGE

Total number of obstructed drains and water closets	Found 385	Remedied 365
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## DISINFECTIONS AND DISINFESTATIONS

There were 122 visits made to premises in connection with disinfection treatments for vermin and other pests, details of which are outlined in the table below.

From time to time we get requests from the social workers in the County Welfare Department for help in cleansing verminous premises and the personal effects of the occupiers who, through their age or incapacity, are unable to cope. It is quite easy to deal with a particular property as they present very few problems when using modern eradication techniques. What does present difficulties is the lack of facilities to cleanse clothing, bedding and similar household articles which results in us having to send such items to Scarborough at much expense and inconvenience. I feel that we should have such facilities at the Portland Place depot in order that we can operate more efficiently. It may be said that such a premise is not required, to which my answer is that we have in this town a very high percentage of old people, many of whom are highly independent and who do not want help at any price and who, in the course of time, are incapable of looking after themselves with the result that their home gets neglected and often becomes verminous. In addition it is a well known fact that there will never be enough residential accommodation for all the people who require or request it. As this will be the situation as far as one can foresee, I would suggest that we should plan accordingly along the lines suggested.

Listed below are the number of treatments carried out at premises throughout the town for vermin and other pests. The number of enquiries and investigations carried out each year appear to be static which indicates that the treatments given are successful. The improvement in pest control techniques, together with the improved products now available, is making the task of eradication somewhat easier and underlines the considerable research which has and is going on to combat the problems facing us.

Ants	1	Earwigs	5
Bees	5	Flies	2
Bedbugs	1	Fleas	—
Beetles	10	Silver Fish	1
Clover Mites	3	Wasps	28
Cockroaches	11		

## PREVENTION OF DAMAGE BY PESTS ACT 1949

### Summary of Action Taken

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
I. Number of properties in district	12,280	39
2. (a) Total number of properties (including nearby premises) inspected following notification	125	—
(b) Number infested by (i) Rats (ii) Mice	94 31	— —
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	20	13
(b) Number infested by (i) Rats (ii) Mice	19 1	13 —

## PET ANIMALS ACT 1951

Four premises are licensed in respect of the Act and regular inspections are made prior to the renewal of licences. From time to time re-inspections are made to ensure that animals are well cared for and to see that there are no infringements of the licensing conditions.

## THE ANIMAL BOARDING ESTABLISHMENTS ACT 1963

### THE RIDING ESTABLISHMENTS ACT 1964

At the present time four premises are licensed in accordance with the Riding Establishments Act 1964. Owing to the fact that horses are only kept on the particular premises during the holiday season, arrangements have now been made whereby inspections by the Veterinary Surgeon are only carried out in July and August of each year. The provisions of the Act are far from stringent with the result that certain establishments leave much to be desired. With the help of the Veterinary Surgeon it is hoped that the present unsatisfactory conditions will be remedied during the 1968 summer season.

There are no premises licensed under the Animal Boarding Establishments Act 1963 primarily because there is a blurred division between the Act and the Pet Animals Act 1951. When these demarcation problems have been sorted out I feel sure that we will be called on to issue licences where appropriate.

## FOOD CONTROL

### Slaughterhouses

A total of 10,570 animals were slaughtered in the Borough during the year which shows an increase of 1,520 animals over the previous year. The number of animals slaughtered at the private slaughterhouse increased by 210. A full 100% meat inspection service was maintained throughout the year.

The design and layout of the slaughterhouse and ancillary buildings leave much to be desired and it follows that as the regulations appertaining to such premises become more stringent we shall be faced with the need to modernise. It is a well known fact that much of the equipment and the structure of the building, e.g. heating apparatus and roofs, to mention only two items, are beyond repair and require total renewal, which poses problems particularly when we do not own the building and are only on a repair and maintenance lease. The Corporation, as occupiers, are obliged by law to meet the requirements of the Ministry of Agriculture, Fisheries and Food who make regular inspections to ensure that standards are maintained and improvements made when necessary. If the present trend of improving the present building continues we will, within the next ten years, have altered the original building completely in that we are having to renew particular sections as opposed to carrying out repairs.

Expenditure on a large scale, particularly when we do not own the building, is always looked upon with a disapproving eye and I have much sympathy with this point of view. However I feel we have no choice in the matter so we must press on and try to do our best at improving the existing premises with the hope that in the future we shall be able to purchase the premises at a price which makes proper allowance for all the work we have been forced to carry out. For without this maintenance the premises would certainly have become dilapidated and not fit for its present use.

**MEAT INSPECTION**

Carcases inspected and condemned	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,507	6	22	5,857	3,176
Number inspected	1,507	6	22	5,857	3,176
All Diseases except Tuberculosis					
Whole carcases condemned	—	—	—	1	3
Carcases of which some part or organ was condemned	445	2	—	149	626
Percentage of number inspected affected with disease other than Tuberculosis	29.53	33.33	—	2.56	19.71
Tuberculosis only					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	2	—	—	—	21
Percentage of number inspected affected with Tuberculosis	0.13	—	—	—	0.66

Unsound Meat Condemned	Tons	Cwt.	Qrs.	Ibs.
Tuberculosis only				
Whole carcases condemned	—	—	—	—
Carcases of which some part or organ was condemned	—	2	3	14
Total Weight	—	2	3	14
All Diseases except Tuberculosis				
Whole carcases condemned	—	4	2	23
Carcases of which some part or organ was condemned	3	7	1	16
Total Weight	3	12	—	11
Tuberculosis and Non-Tuberculosis				
Total Weight	3	14	3	25

Incidence of <i>Cysticercus Bovis</i>	
Number of animals affected	22
Head	8
Heart Muscle	13
Skirt	1
Percentage of animals affected with <i>Cysticercus Bovis</i>	1.43

## Organs Involved

	Beasts	Calves	Sheep	Pigs
Tuberculosis only				
Heads and Tongues	—	—	—	20
Lungs	1	—	—	—
Liver	—	—	—	—
Heart	—	—	—	—
Stomach	1	—	—	—
Intestines	2	—	—	—
All Diseases except Tuberculosis				
Heads and Tongues	19	—	3	6
Livers	202	—	47	200
Part Livers	185	—	1	—
Lungs	24	—	106	485
Kidneys	8	—	2	4
Udders	—	—	2	4
Hearts	13	—	12	151
Spleens	1	—	2	4
Stomachs	7	—	2	5
Intestines	1	—	2	9
Other carcase meat	2	—	7	17

## OTHER FOODS

Other Foods examined in premises other than slaughterhouses and found to be unfit for human consumption

	Tins	Tons	Cwts.	Qrs.	Ibs.	ozs.
Tinned Foods	66	—	2	1	3	3
Open Foods			16	—	18	5
Total Weight			18	1	21	8

In addition 2 geese, 3 ducks, 2 chickens, 8 boxes sweets, 2 boxes grapes, 3 boxes cherries, 6 trays plums, 16 crates cauliflowers, 250 iced lollies, 84 ices and 227 jars, bottles and packets of foodstuffs were condemned.

## Percentage of Food Animals with Tuberculosis

	1963	1964	1965	1966	1967
Cattle (excluding Cows)	—	0.06	0.4	0.07	0.13
Cows	—	—	—	—	—
Calves	—	—	—	—	—
Pigs	0.93	1.00	0.64	1.34	0.66

## Summary of Carcasses Inspected

	1963	1964	1965	1966	1967
Cattle (excluding Cows)	1,687	1,590	1,468	1,382	1,507
Cows	—	1	—	—	6
Calves	38	14	3	2	22
Sheep	4,487	4,550	4,296	4,845	5,857
Pigs	2,793	2,913	2,790	2,821	3,176
Totals	9,005	9,068	8,557	9,050	10,568

## FOOD HYGIENE

Last year I commented on the many food preparation establishments which did not comply with the Food Hygiene Regulations. I regret to say that the position since then has shown little change and that we still have business people, who for want of a better description, are concerned with 'top show only.' By this I mean that there is a great tendency for the rooms where the customers frequent to be kept in a high state of decorative condition together with regular cleaning. It is unfortunate that in many premises this desire to impress the general public does not permeate to those food preparation and ancillary storage rooms which are invariably sited well away from the customer.

Generally speaking there is little or no thought given to the layout of food preparation rooms with the result that equipment is sited in places where regular cleansing becomes a sheer impossibility. Not enough attention is paid to the need for impervious wall and floor surfaces, e.g. terrazzo, tiles, and very often the sole criteria for determining a particular surface finish is "what is the cheapest?" From experience I have found that this method of approach usually proves to be more costly than having purpose built premises in the first place. All too often we find very small rooms full of equipment with little or no attention paid to the need to ensure a good environment for staff working in the rooms. Natural and artificial lighting is very often inadequate and ventilation is by natural means only, which results in people working in constant high temperatures. Such conditions cannot be tolerated and the appropriate action is now taken under the Offices, Shops and Railway Premises Act.

From our visits to premises it has become quite clear that many of the owners of food premises in the town are not familiar with the stringent precautions which should be taken when storing pies, sausages, cooked meats and other meat products which have a limited shelf life. The aforementioned products are highly perishable products which require careful handling at all times. It is the manufacturers' responsibility to supply these products in a fresh condition and it is the retailer's duty to make sure these products do not deteriorate while they are in his shop, kitchen, hotel, or any other food premises he may own. Advice on stock rotation and temperature control is always readily available from all the leading food manufacturers. Anyone having difficulty can avail themselves of advice leaflets from the Health Department or from any of the District Public Health Inspectors who are ready to help with any difficulties.

We are here to help in every way possible, it is only a pity the general public do not make more use of our services. Very often sound advice can mean a saving in capital apart from the fact that it may obviate a prosecution which may have to be brought where unsound food has been sold for human consumption. The sooner all the food traders in the town realise we are here to guide, help and advise the sooner we shall achieve our basic target of ensuring that sound wholesome food is sold under controlled conditions at all establishments. It is not only the name of the particular establishment which is at stake, it is that of Bridlington in general. First impressions count for a lot with most people and I feel that it is certainly in the interests of everyone in the town that we should become known for a high standard of cleanliness and service which we have to offer at all our food premises. To ignore this requisite is an act of sheer folly which will lead to nothing but a loss in trade.

It is the importance of food hygiene inter alia which has prompted the Health Committee to increase the establishment by one more Public Health Inspector. I can assure the Committee that he will be used to the full on this work as I propose to take a vigorous stand against those people who continually default in meeting the requirements of the Food Hygiene Regulations.

## FOOD PREMISES

### Number of Types of Food Premises in the Borough

Bakehouses	28
Butchers	30
Confectionery Shops	86
Crab Dressers and Boilers	5
Fried Fish Shops	23
Greengrocery Shops	24
Grocery Shops	76
Hotels and Boarding Houses	615
Ice Cream Manufacturers	9
Licensed Premises	53
Markets	1
Market Stalls	22
Restaurants, Cafes and Snack Bars	80
School Canteens	7
Slaughterhouses	2
Wet Fish Shops	13
	1,074

### Premises Registered under the Food and Drugs Act, 1955

Butchers registered for manufacture of meat products	28
Crab Dressers and Boilers	5
Preserved Food Manufacturers (other than Butchers)	31
Ice Cream Vendors	179
Ice Cream Manufacturers	9
Inspections of Registered Food Premises	107

### Summary of Inspections of Food Premises

Bakehouses	51
Butchers Shops	79
Canteens	16
Confectionery Shops	67
Dairies—processing plants	16
Dairies—other	3
Fried Fish Shops	21
Grocery Shops	66
Greengrocery Shops	48
Hospitals	15
Hotels and Boarding Houses	30
Ice Cream—manufacturing	3
Ice Cream—storage and sale	20
Licensed Premises	35
Markets/Stalls	1,298
Milk Shops	7
Mineral Water Manufacturer	2
Mixed Shops	10
Mobile Vehicles	12
Prepared and Potted Meats	5
Restaurants, Cafes and Snack Bars	186
Slaughterhouses	21
Supermarkets	15
Wet Fish Shops	10
*Food and Drugs Act Enquiries	31
Unsound Food	70
	2,137

\*Including food poisoning and foreign bodies

## MILK SAMPLING

Designation of Milk	Biological Examination						No. of Samples Taken
	Tuberculosis			Brucella Abortus			
Satis.	Unsatis.	Neg.	Pos.	Neg.	Pos.		
Untreated	—	—	—	—	—	—	—
Designation of Milk	Methylene Blue	Phosphatase	Turbidity	Biological			No. of Samples Taken
Satis.	Unsatis.	Satis.	Unsatis.	Neg.	Pos.	Neg.	Pos.
Schools	24	—	24	—	—	—	—
Pasteurised	34	—	34	—	—	—	—
Sterilised	—	—	—	11	—	—	—

This is a specified area and no milk may be sold to the general public for human consumption other than milk specially designated in accordance with the provision of the Milk (Special Designation) (Raw Milk) Regulations, 1949 to 1954, or the Milk (Special Designation) Regulations, 1960 to 1963, unless such milk has been pasteurised.

## HOUSING (SLUM CLEARANCE) POLICY

The policy of the Health Committee in respect of Slum Clearance has always been clearly defined having regard to the standard of fitness in the Housing Act 1957. When discussing this particular topic one has always to remember there is a great gulf between the theorists and the practitioners who have to provide the answers to the questions which are often raised. From time to time we get outbursts of indignation and disgust with the Council who, according to the watchdogs, are demolishing properties which have old world charm and character; nowhere is this better illustrated than when we consider the future of the Old Town. All the expressions of opinion, whether they have been verbal or in the form of letters to the press, have to the best of my knowledge been made without ascertaining what policy the Council have in this particular area. This is confirmed by the lack of knowledge displayed by those critics who have made their views public and the total disregard for the practical economics associated with the rehabilitation of neglected properties. Suggestions and solutions are always in plentiful supply, what is lacking is capital to back them up. A well recognised feature with many of the preservation societies is the lack of funds which unfortunately reduces the majority of their efforts to rhetoric at the expense of actual field work which is undesirable to say the least.

It may come as a surprise to some people who have not made the effort to find out, but it is a well known fact to those who have, that the Council's policy in relation to the "older areas" of the town is quite a progressive one. Where owners wish to improve properties they are encouraged to do so and improvement grants are readily given in appropriate cases. Any property, no matter how old, can be made fit to meet the provisions of the Housing Act provided one has the capital to do so. In many cases there is no money available and as the schedule of works is so extensive as to require the virtual re-building it does not become an economic proposition. In such cases, particularly if there is a family in occupation, it is incumbent on the Council to either close or demolish the property, whichever course of action is appropriate. A casual look around the Old Town will reveal that there are many properties which have been repaired and improved with many more in the pipe line; in point of fact it is true to say that the rate of improvement is now greater than it has ever been and we hope to maintain it. In the Market Place itself there is to be considerable new development of a type architecturally in keeping with the surroundings of the area, which should go a long way to restoring it to its former eminence as a shopping and business area where people live as opposed to the ghost-like atmosphere which pervades so many town centres after 7 p.m.

## HOUSING STATISTICS

### HOUSING

Total number of houses in the Borough	10,928
Houses erected during the year by:	
Local Authority	155
Private Enterprise	79
Houses in course of erection at end of the year:	
Local Authority	—
Private Enterprise	80
Flats in course of erection at end of the year:	
Private Enterprise	2
Flats provided by conversion:	
Properties converted	5
Resulting units	13
Total number of dwellings with pail closets	16
Total number of dustbins in the Borough	14,032
Total number of applicants for Council Houses at end of year	722

## SUMMARY OF HOUSING VISITS

Section 9 Inspections (Houses repairable at reasonable expense)	32
Section 16 Closing or Demolition Order Inspections (Individual unfit houses)	33
Clearance Area Inspections (Housing Consolidated Regulations)	268
Overcrowding Inspections	1
Improvement Grants (Determination of life and state of property)	131
Disrepair Certificate Inspections	—
Multi-occupied House Inspections	62
Re-inspections (all types above)	140
Public Health Acts Inspections (Sections 39, 45, 93, etc.)	211
Public Health Acts (Re-inspections)	115

**TABLE I****Summary of Action taken during the year 1967**

Clearance Area	Type of Order	Date Represented	Date of Confirmation	No. of Houses	No. of persons to be displaced
Kirkgate (No. 1)	C.O.	12.10.66	17.10.67	3	8
Kirkgate (No. 2)	C.O.	12.10.66	17.10.67	6	7
Kirkgate (No. 3)	C.O.	12.10.66	17.10.67	14	25
Kirkgate—					
Pinfold Street (No. 4)	C.O.	12.10.66	17.10.67	10	23
Jewison Lane (No. 1)	C.O.	15. 3.67	Not confirmed	4	12
Hilderthorpe Road (No. 1)	C.P.O.	14. 6.67		42	94
Castle Garth	C.O.	13. 9.67		5	7
Nelson Street (No. 1)	C.P.O.	13.12.67		8	17
<b>Total</b>				<b>92</b>	<b>193</b>

**TABLE II****Individual Unfit Houses**

Number of Houses Demolished	Closing Orders	Demolition Orders	Undertakings given under Section 16 of the Housing Act 1957
4	14	1	1

**TABLE III****Demolition of Houses**

Total number of houses demolished during the year:	
Houses in Clearance Areas	8
Houses subject to Demolition Orders	4
	—
	12

**Improvement Grants**

During the year 131 inspections were carried out for the purposes of Standard and Discretionary Grants. Close liaison is maintained with the Engineer and Surveyors Department, and I think it can be said that despite the restrictions and limitations of the present procedure we are having considerable success in persuading owners of properties that it is worthwhile availing themselves of the financial aid which is available. We are fortunate in that, as far as we can ascertain, there are only approximately 350 houses out of 10,928 which do not meet the 5 point standard. One particular difficulty confronting the department concerns the revitalisation of the very old properties in the Old Town and Sewerby. The present maximum grants of £400 are not much incentive to a person who is faced with the prospect of spending at least £2,000 in carrying out all the structural repairs and for which he receives no grant whatsoever. The policy of the Health Committee is to give as much support as possible in order that we can restore and preserve all those houses where preservation is justified.

**Amenities provided by Standard Grants during the year**

Fixed baths	13
Hot water supply	13
Food stores	2
Wash hand basins	14
Water closets	13

## Amounts paid in Grants

Standard Grants	
Total number	12
Average grant per house	£135
Total amount paid in grants	£1,625
Discretionary Grants	
Total number	15
Average grant per house	£360
Total amount paid in grants	£5,402

## Housing Act 1961 (Houses in Multiple Occupation)

It is difficult to estimate the total number of houses in multiple occupation owing to the rapid rate at which dwelling and boarding houses are being converted into flats. The total figure is somewhere in excess of 2,000 and until such time as we are able to complete a full inspection of each of these premises in the town we shall not be able to assess the overall standard. It is hoped by the Health Committee that more attention will be given to this matter with the increase in establishment of another Public Health Inspector.

Of those flats which have been inspected it is quite common, in fact it is the norm, to find them overcrowded having regard to standards as laid down by the Council under the 1961 Act. From our visits it would appear that there are very few, if any, flat owners who endeavour to ascertain whether their own particular premises comply with the approved-standard. One can only assume that such people do not care how many visitors they can pack in a flat as they are only usually there a week or two at the most and are not likely to complain. It is this deplorable attitude which gives rise to numerous complaints from visitors and invariably where there is overcrowding it is usual to find there is a lack of amenities in the form of insufficient hot water, personal washing facilities and cooking utensils. Notices are served where there is a lack of amenities and it is usual for a direction notice to be given in order to prevent or reduce overcrowding. When holiday flats are visited for the first time it is usual to place a direction notice as to the permitted number for the following season primarily because such flats are normally fully booked for the current holiday season. It goes without saying that where direction notices are in force they will in future be rigidly enforced.

## ATMOSPHERIC POLLUTION

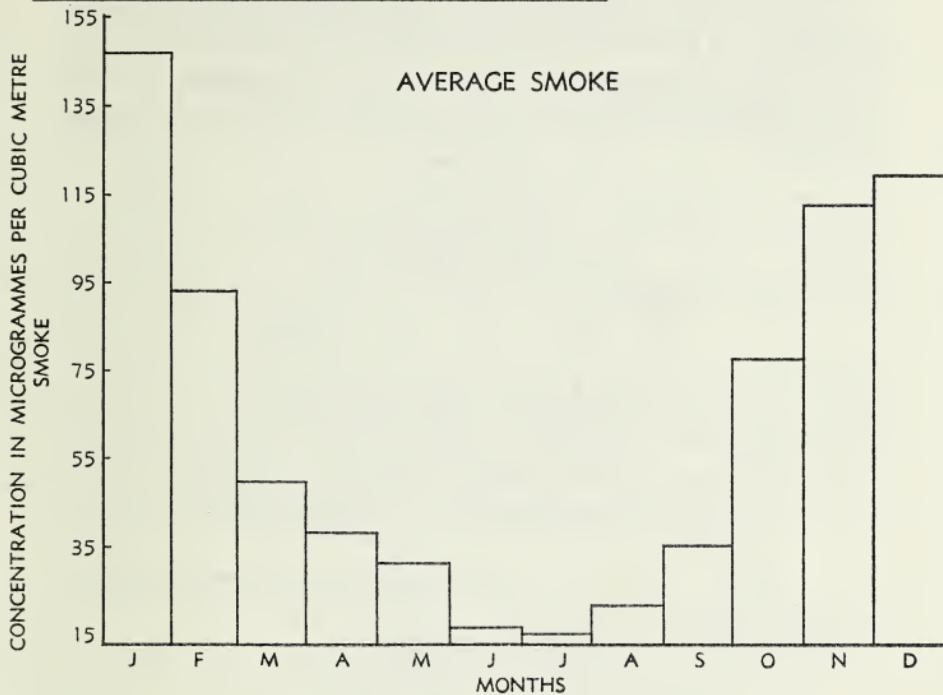
During the year the programme of daily smoke filters and volumetric sulphur dioxide readings have continued at both Portland Place and Headlands Lower School. This procedure has been in existence for a number of years and from the information derived I find that in Bridlington, on at least 150 days per annum, we have smoke pollution in excess of 100 micrograms per cubic metre. Warren Spring Laboratory who are responsible for the National Survey of Air Pollution consider that where 100 micrograms of smoke per cubic metre are regularly recorded in an area then that area can be considered to have a serious smoke problem. From our daily surveys we have been able to establish that on average there are at least 150 days each year on which the aforementioned level is exceeded. It readily follows that such days occur mainly during the months from October to March, the graphs in Table I serve to emphasise the present position. In our case it can quite genuinely be said that the source of nuisance is first and foremost of a domestic nature and is created by the burning on open fires of bituminous coal. The question posed is what do we do about it, do we accept the status quo and close our eyes to the need for clean air or do we do something constructive about solving the problem? I would suggest that the time is now ripe for the implementation of a phased "smoke control" programme which could make the whole town a smoke free area by 1980/5. It is not generally realised that it is possible to include all open land, including that scheduled for housing purposes, in "smoke control areas" thus ensuring that where new houses are constructed they must have approved appliances and furthermore the new owner or occupier, as the case may be, must only use smokeless fuels. If the present land scheduled for housing within the Borough is not put into such areas there is the possibility of having a further 5,000 premises where bituminous fuel can be used. The thought of such a situation, in the light of our present knowledge on the effect which air pollution has on everyday human life, hardly bears thinking

about. If the residents of a community wish to poison themselves then this is one of the easiest ways of doing so as all the national statistics readily show. My views on this subject are that we know we have a problem which is quite serious, this being so we should formulate a policy with the basic object of abolishing pollution from domestic sources. Initially this should be done on the outer extremities of the town encompassing all virgin land, particularly that zoned for building purposes, followed by a phased programme covering the rest of the town with a view to completing the exercise over 10/15 years.

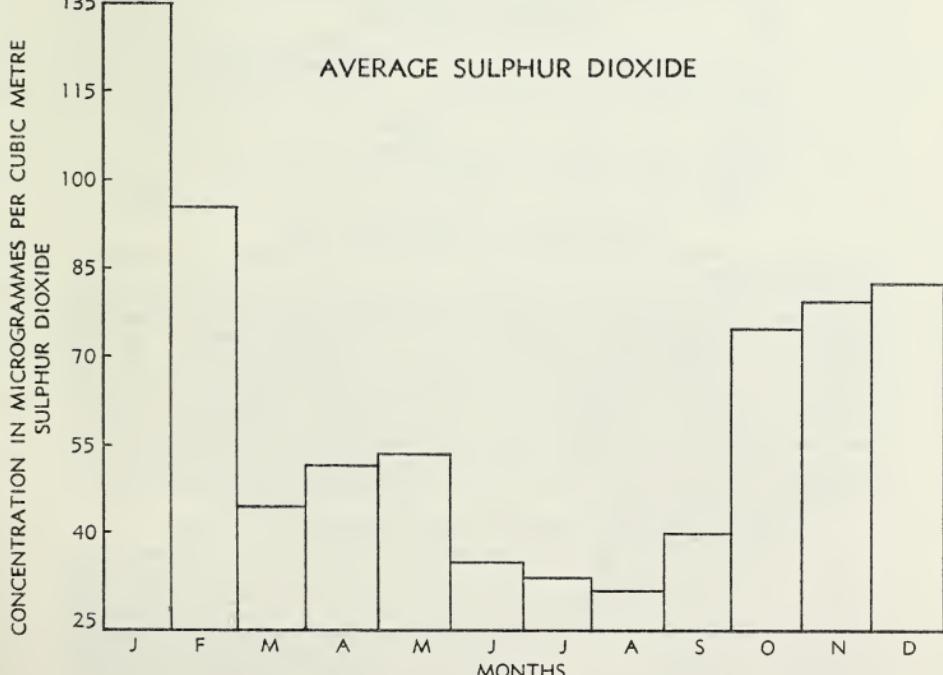
I am quite sure that the majority of the residents in the town are aware of the problem particularly where there are mixed housing developments having houses and bungalows adjoining each other. A casual view around any house will reveal the deposits of soot and sooty-tar from the domestic chimney, inside a house one can readily see the evidence in the form of deposits around window openings and curtains. This is often borne out by the many letters received from residents who often enquire what can be done? The answer of course is nothing until we get smoke control areas. Very often we are faced with the questioner who asks, why is this necessary in a seaside town where there is no industry? The Clean Air Society in their national research have now shown beyond doubt that 75% of all air pollution, even in industrial areas, is created by the domestic open fire burning coal. This has been accepted by many local authorities outside the so called Black Areas and it may surprise some people to learn that towns such as Cheltenham, Cambridge, Crawley and Harlow New Towns, Exeter, Gloucester, Lancaster, Letchworth Garden City, Skipton, Southport and Wetherby, who are by no means industrial towns, have introduced Smoke Control Areas, in fact there are 74 such local authorities throughout the country. The problem as outlined is there for all to see, for us to be successful we shall have to press on with courage and resolution for the longer we ignore it the more expensive a solution will become.

Table 1

CLEAN AIR VOLUMETRIC ANALYSIS



AVERAGE SULPHUR DIOXIDE



## WATER

### Examining Laboratories

Public Health Laboratory, Hull.

The Northern Analysts, Hull.

The Public Health Laboratory is used by the Health Department for Bacteriological Examinations. The presence of Free Chlorine in Chlorinated Water is carried out by my own staff.

In addition to the above, regular samples of water are taken by the East Yorkshire (Wolds Area) Water Board.

There have been no complaints regarding the quality or quantity of water within the Borough.

### SAMPLING

PRIVATE SUPPLIES				
RAW WATER Bacteriological Examination Report				
No. Exam.	Excel.	Satis.	Suspic.	Unsatis.
15	—	15	—	—

Total number of samples taken—15

CHLORINATED WATER						
Bacteriological Examination Report				Chemical Examination for Free Chlorine		
No. Exam.	Satis.	Suspic.	Unsatis.	No. Exam.	Present	Absent
4	4	—	—	4	4	—

Total number of samples taken—8

Average Free Chlorine content—0.03 parts per million

EXAMINATION OF WATER FROM SWIMMING POOLS						
CHLORINATED WATER				Chemical Examination for Free Chlorine		
Bacteriological Examination Report				Chemical Examination for Free Chlorine		
No. Exam.	Satis.	Supsic.	Unsatis.	No. Exam.	Present	Absent
50	45	—	5	52	52	—

Total number of samples taken—102

Average Free Chlorine content—0.21 parts per million.

### Swimming Pools

From the above table it will be noticed that there were 5 unsatisfactory samples taken from the swimming baths at Moorfield and Hilderthorpe Schools. When such samples were obtained, visits were made by the public health inspector to ascertain whether the chlorination equipment was being correctly operated. In all the cases investigated it was found that there was a lack of proper supervision of the chlorination equipment being used. If the situation is to be remedied it is essential that regular inlet and outlet checks are made by those responsible to ascertain the correct chlorine level; only when we get a proper testing procedure laid down will we cease to get unsatisfactory samples. The department has readily given advice on the procedure to be adopted and from the results obtained one can only assume that to some extent at least it is being disregarded.

### OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The inspection of premises under the Act has been undertaken by all the district inspectors who endeavour to carry out as many inspections as time will allow. With the advent of an additional inspector from January 1968 there is every possibility that we will be much more active in this field. During the year it became most noticeable that many premises, particularly supermarkets, were tending to stack their products in passageways and other communication areas with the result that there was a danger from falling goods stacked too high and there was a tendency to restrict exits to store-

rooms and workrooms which could be dangerous during a fire emergency. Another factor discernible was the danger created by the use of trapdoors for the receipt of delivered stocks on forecourts which are open to the general public inspecting goods for sale. Even though such spaces can be fenced off on three sides there is still the possibility of someone falling down the loading side. It is my opinion that such areas should be completely separate and only accessible to staff employed about the business. The internal arrangements of many shops and offices leave much to be desired and I feel we shall have a difficult task in getting managements to appreciate that there should be freedom of movement around premises for not only customers but staff also. It is unfortunate that when the business man speaks of profitability of a shop he often refers to the turnover per square foot which stimulates the tendency to try and squeeze a quart into a pint pot.

Another serious point requiring comment concerns the misuse of electric plugs and fittings. In many instances there is a conglomeration of appliances and fittings sited on one small plug, which is often unsuitable for the load put on it and there appears to be a tendency for "do it yourself" artisans to excel themselves in that they are treating electric fittings with scant respect. Such fixtures and fittings are quite lethal in the hands of an unqualified electrician and I would appeal to all business men to reduce the risks to their employees and premises by ensuring that this work is only carried out by fully competent tradesmen.

Generally speaking lighting is good in shops particularly around display units, however in offices the standard is deplorable. This is hard to understand because it is a well known fact that proper lighting ensures better clerical output and has been demonstrated by many large companies who have included such studies under the umbrella of ergonomics when the performance of individuals under adverse conditions has been evaluated. Until we have a specific lighting standard I am recommending the lighting standards of the Illuminating Engineering Society. Change in this respect is never welcomed even though it offers considerable benefits to the owner of the business in the form of greater efficiency and increased work output.

#### Registration and General Inspections

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of the year	Number of registered premises receiving general inspection during the year
Offices	4	118	4
Retail Shops	8	286	22
Wholesale shops, warehouses	1	21	2
Catering establishments open to the public	4	81	4
Fuel storage depots	—	—	—
<b>Total</b>	<b>17</b>	<b>506</b>	<b>32</b>

Total number of visits of all kinds by Inspectors to registered premises under the Act 110

#### Analysis of Contraventions

Section	Number of Contraventions found	Section	Number of Contraventions found
4	Cleanliness	1	13
5	Overcrowding	—	14
6	Temperature	—	15
7	Ventilation	—	16
8	Lighting	2	17
9	Sanitary conveniences	—	—
10	Washing facilities	—	18
11	Supply of drinking water	—	—
12	Clothing accommodation	—	19
			23
			24
			Total 19

## FACTORIES

### Inspections for purpose of provisions as to health

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	10	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	164	47	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	1	2	—	—
Total	175	54	6	—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)	
	Found (2)	Remedied (3)	Referred			
			To H.M. Inspector (4)	By H.M. Inspector (5)		
Want of cleanliness (S.1)	2	—	—	1	—	
Inadequate ventilation (S.4)	3	2	—	2	—	
Sanitary Conveniences (S.7) Insufficient	2	—	—	—	—	
Total	7	2	—	3	—	

## LICENSED CARAVAN CAMPS

Situation	Owner	Number of Caravans
Marton Road, Bridlington	Mr. W. Gatenby	282
Pinfold Street, Bridlington	Mr. B. and Mrs. J. Davis	20
Jewison Lane, Bridlington	Mr. J. L. Ireland	217
Lime Kiln Lane, Bridlington	Park Estates (Bridlington) Ltd.	400
Jewison Lane, Bridlington	Mrs. G. M. Pilling	60
Charity Farm, Sewerby	Mr. H. Lount	188
Marton Poultry Farm, Bridlington	Mr. J. Rowley	100
		1,267

During the year we have seen the introduction, on a considerable scale, of 1½ cubic yard bulk containers for the storage of refuse. These have proved of great benefit to the camp owners in that they are dispensing with numerous unsightly dustbins which at one time were an undesirable feature of such places. It is of benefit to this department in that the actual time spent collecting refuse is greatly reduced thus enabling us to provide a much better service to all premises using bulk containers. Another major improvement has been the rapid increase in the number of hard standings for caravans which help to keep the sites much tidier and obviate the need for using mowing equipment in close proximity to the caravans. In this respect the private camps are giving us a lead which I am sure we must follow. The only reservations I have in this respect are that the concrete bases themselves must be of a colour, e.g. sandstone or cotswold stone, which can blend in harmoniously with the landscape of caravan parks. The standard of management on the private camps is very good and there is always a readiness to co-operate with us which augurs well for the future.

### SOUTH CLIFF CARAVAN PARK

During the year we saw the completion of the new colour schemes on the entire site and it is worth remarking that we have had nothing but praise from residents on the site which is very heartening both to the Committee and to myself. Tree and shrub planting has continued as usual but I shall not be satisfied until the gardens are on a par with those fine displays so long associated with the Parks Department who are always ready to impart their knowledge and give help wherever possible.

Much has been done in the form of improvement but we have still some considerable way to go before I will be satisfied with the amenities and facilities provided. Coloured concrete hard standings made to blend in with the landscape of the camp are essential if we are to improve the individual caravan sites. They would obviate the need for mowing under the vans themselves and would keep the whole area tidy particularly during periods of bad weather and finally it would abolish the annual towing pantomime which has been a ritual for far too long. This towing procedure, which occurs at the beginning and end of each holiday season, serves no useful purpose at all, in fact it does nothing more than churn the site up if there is wet weather. Another improvement would be the provision of electricity to each individual caravan for the purposes of cooking, lighting and television and the abolition of the use of gas cylinders which, apart from anything else, always have the habit of running out at awkward hours much to the inconvenience of caravanners and camp staff who are always expected, whatever the time, to give service. I also consider that it would be desirable from an economic and amenity point of view to install full coin-operated launderette clothes washing facilities together with hair drying equipment in the ladies section of the main ablution block. The number of requests for such facilities is understandably increasing and I feel if we are to keep abreast of progress we must continue our present policy of continuous improvement.

### ORGANISED CAMPING

Many youth organisations have used the facilities provided at the South Cliff camping site and there is now a tendency to attract people from a much wider area of the country, which speaks well for the service given as the new visitors are here invariably on the strength of recommendations from other users. It is not generally realised that there is a great deal of preparatory work carried out prior to each party coming for their official holiday period. It is usual for the officers of youth groups to be met by the District Public Health Inspector responsible for this site who explains the services which are available to them and in addition shows them the particular site which they will occupy. All these preparatory on site discussions are usually held on a Saturday or Sunday and it is to the credit of the Public Health Inspector that this is done on a completely voluntary basis and in his own time.

I feel that in the next few years there will be a much greater demand for this type of amenity, as we are certainly going to see more and more younger people coming to the seaside to avail themselves of facilities which will possibly come under the aegis of the Regional Sports Council. Tented camping is on the increase generally and many local authorities have established sites where the whole family can have a camping holiday. This course of action has been forced on local authorities owing to the lack of control over sites which can be overcrowded and have only primitive sanitary accommodation with the water supply being from a standpipe only. The Association of Public Health Inspectors is pressing for legislation on this matter so as to ensure minimum basic standards for the country as a whole.









